

		FOR OHF USE					

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2002
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2002)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0042093

Facility Name: RENAISSANCE AT 87TH ST

Address: 2940 WEST 87TH STREET CHICAGO 60652

County: COOK

Telephone Number: (773) 434-8787 Fax # (773) 434-8717

IDPA ID Number: 363945570001

Date of Initial License for Current Owners: 07/19/99

Type of Ownership:

VOLUNTARY,NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

X PROPRIETARY

Individual

Partnership

Corporation

X "Sub-S" Corp.

Limited Liability Co.

Trust

Other

GOVERNMENTAL

State

County

Other

In the event there are further questions about this report, please contact:
Name:: Steve Lavenda Telephone Number: (847) 236 - 1111

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/02 to 12/31/02 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) (Date)

(Type or Print Name)

(Title)

Paid Preparer

(Signed) See Accountants' Compilation Report Attached (Date)

(Print Name and Title) NOSHIR R. DARUWALLA, C.P.A.

(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015

(Telephone) (847) 236-1111 Fax # (847) 236-1155

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

RENAISSANCE AT 87TH ST

#

0042093

Report Period Beginning:

01/01/02

Ending:

12/31/02

III. STATISTICAL DATA					
A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds					
5/1/2002					
1	2	3	4		
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	204	Skilled (SNF)	210	75,930	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	204	TOTALS	210	75,930	7

B. Census-For the entire report period.						
	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	45,131	1,793	11,619	58,543	8
9	SNF/PED					9
10	ICF	12,363	930	147	13,440	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	57,494	2,723	11,766	71,983	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.)

94.80%

SEE ACCOUNTANTS' COMPILATION REPORT

D. How many bed-hold days during this year were paid by Public Aid?

1,958 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)

N/A

F. Does the facility maintain a daily midnight census?

Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO X

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO X

I. On what date did you start providing long term care at this location?

Date started 7/21/1999

J. Was the facility purchased or leased after January 1, 1978?

YES X Date NEW CONSTRUCTION NO

K. Was the facility certified for Medicare during the reporting year?

YES X NO If YES, enter number of beds certified 78 and days of care provided 8,869

Medicare Intermediary ADMINASTAR FEDERAL

IV. ACCOUNTING BASIS

ACCUAL X MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year?

YES X NO

Tax Year: 12/31/02 Fiscal Year: 12/31/02

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number RENAISSANCE AT 87TH ST # 0042093 Report Period Beginning: 01/01/02 Ending: 12/31/02

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	A. General Services	1	2	3	4	5	6	7	8		
1	Dietary	270,494	56,918	8,305	335,717		335,717		335,717		1
2	Food Purchase		308,829		308,829	(26,298)	282,531	(2,934)	279,597		2
3	Housekeeping	187,235	45,402		232,637		232,637		232,637		3
4	Laundry	92,846	21,159		114,005		114,005		114,005		4
5	Heat and Other Utilities			143,215	143,215		143,215	(12,337)	130,878		5
6	Maintenance	98,488	12,969	151,144	262,601		262,601	(4,240)	258,361		6
7	Other (specify):*							(68)	(68)		7
8	TOTAL General Services	649,063	445,277	302,664	1,397,004	(26,298)	1,370,706	(19,578)	1,351,127		8
	B. Health Care and Programs										
9	Medical Director			44,250	44,250		44,250		44,250		9
10	Nursing and Medical Records	2,955,479	190,972	5,092	3,151,543		3,151,543		3,151,543		10
10a	Therapy	67,047		13,555	80,602		80,602		80,602		10a
11	Activities	238,511	11,162	2,204	251,877		251,877		251,877		11
12	Social Services	95,053		2,357	97,410		97,410		97,410		12
13	Nurse Aide Training	4,322		4,201	8,523		8,523		8,523		13
14	Program Transportation			5,214	5,214		5,214	827	6,041		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	3,360,412	202,134	76,873	3,639,419		3,639,419	827	3,640,246		16
	C. General Administration										
17	Administrative	179,801		680,477	860,278		860,278	(563,303)	296,975		17
18	Directors Fees										18
19	Professional Services			91,463	91,463		91,463	1,486	92,949		19
20	Dues, Fees, Subscriptions & Promotions			101,455	101,455		101,455	(72,393)	29,062		20
21	Clerical & General Office Expenses	347,179	46,193	245,290	638,662		638,662	(60,095)	578,567		21
22	Employee Benefits & Payroll Taxes			786,820	786,820	26,298	813,118	(30,938)	782,181		22
23	Inservice Training & Education										23
24	Travel and Seminar			18,603	18,603		18,603	(7,704)	10,899		24
25	Other Admin. Staff Transportation			7,486	7,486		7,486	140	7,626		25
26	Insurance-Prop.Liab.Malpractice			198,111	198,111		198,111	9,001	207,112		26
27	Other (specify):*							30,883	30,883		27
28	TOTAL General Administration	526,980	46,193	2,129,705	2,702,878	26,298	2,729,176	(692,922)	2,036,254		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,536,455	693,604	2,509,242	7,739,301		7,739,301	(711,673)	7,027,628		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			52,348	52,348		52,348	291,316	343,664			30
31	Amortization of Pre-Op. & Org.			5,014	5,014		5,014	8,208	13,222			31
32	Interest			185,136	185,136		185,136	795,879	981,015			32
33	Real Estate Taxes							353,872	353,872			33
34	Rent-Facility & Grounds			1,378,404	1,378,404		1,378,404	(1,369,410)	8,994			34
35	Rent-Equipment & Vehicles			3,074	3,074		3,074	7,704	10,778			35
36	Other (specify):*							47,561	47,561			36
37	TOTAL Ownership			1,623,976	1,623,976		1,623,976	135,130	1,759,106			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	12,962	372,634	350,955	736,551		736,551	207	736,758			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			113,895	113,895		113,895		113,895			42
43	Other (specify):*	60,618			60,618		60,618	(60,618)				43
44	TOTAL Special Cost Centers	73,580	372,634	464,850	911,064		911,064	(60,411)	850,653			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	4,610,035	1,066,238	4,598,068	10,274,341		10,274,341	(636,954)	9,637,387			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(129,956)	30		9
10	Interest and Other Investment Income	(10,008)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(117)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(3,624)	21		18
19	Entertainment	(8,828)	24		19
20	Contributions	(21,922)	20		20
21	Owner or Key-Man Insurance	(30,938)	22		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(170,218)	21		24
25	Fund Raising, Advertising and Promotional	(50,774)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(920)	20		28
29	Other-Attach Schedule	(244,420)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (671,724)		\$	30

OHF USE ONLY							
48		49		50		51	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	34,770		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 34,770		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (636,954)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.
(See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS		Page 5A
RENAISSANCE AT 87TH ST		
ID#	0042003	
Report Period Beginning:	01/01/02	
Ending:	12/31/02	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 CABLE	(12,877)	05 1
2 BANK CHARGES	(9,455)	21 2
3 RECORD COPY INCOME	(2901)	21 3
4 FOOD REBATE	(1,846)	2 4
5 JURY DUTY	(138)	21 5
6 FOOD - PRIOR PERIOD	(971)	02 6
7 ADVERTISING - PRIOR PERIOD	(2,895)	20 7
8 ICLTC (COPE)	(4,860)	20 8
9 MANAGEMENT FEES	(125,000)	17 9
10 NON-ALLOWED NUCARE SALARY	(1,203)	21 10
11 NON-ALLOWED NUCARE PAYROLL TAXES	(103)	27 11
12 MARKETING DIRECTOR	(14,791)	43 12
13 VP OF MARKETING	(45,826)	43 13
14 ACCOUNTING FEES - BUILDING COMPANY	(18,050)	19 14
15 LEGAL FEES - BUILDING COMPANY	(828)	19 15
16 LEGAL FEES - NON-ALLOWABLE	(1,885)	19 16
17 CAPITALIZED REPAIRS & MAINTENANCE	(4,991)	06 17
18 NON-ALLOWABLE SEMINAR	(50)	24 18
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100		100
101 Total	(244,420)	101

STATE OF ILLINOIS

Summary A

Facility Name & ID Number RENAISSANCE AT 87TH ST

0042093

Report Period Beginning:

01/01/02

Ending:

12/31/02

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary													1
2	Food Purchase	(2,934)											(2,934)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(12,877)		540									(12,337)	5
6	Maintenance	(4,991)		751									(4,240)	6
7	Other (specify):*			(68)									(68)	7
8	TOTAL General Services	(20,801)		1,223									(19,578)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records													10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	Nurse Aide Training													13
14	Program Transportation			827									827	14
15	Other (specify):*													15
16	TOTAL Health Care and Programs			827									827	16
	C. General Administration													
17	Administrative	(125,000)		(371,126)	60,085	(24,790)	(102,472)						(563,303)	17
18	Directors Fees													18
19	Professional Services	(19,963)	18,878	1,126		1,445							1,486	19
20	Fees, Subscriptions & Promotions	(80,532)	1,655	1,038		5,446							(72,393)	20
21	Clerical & General Office Expenses	(184,928)		121,021		3,583	229						(60,095)	21
22	Employee Benefits & Payroll Taxes	(30,938)											(30,938)	22
23	Inservice Training & Education													23
24	Travel and Seminar	(8,878)		1,139		35							(7,704)	24
25	Other Admin. Staff Transportation			140									140	25
26	Insurance-Prop.Liab.Malpractice		8,430	571									9,001	26
27	Other (specify):*	(103)		18,599	3,384	8,067	936						30,883	27
28	TOTAL General Administration	(450,341)	28,963	(227,492)	63,469	(6,214)	(101,307)						(692,922)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(471,142)	28,963	(225,442)	63,469	(6,214)	(101,307)						(711,673)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number RENAISSANCE AT 87TH ST # 0042093 Report Period Beginning: 01/01/02 Ending: 12/31/02

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(129,956)	417,594	3,678									291,316	30
31	Amortization of Pre-Op. & Org.		8,208										8,208	31
32	Interest	(10,008)	806,320	(433)									795,879	32
33	Real Estate Taxes		353,872										353,872	33
34	Rent-Facility & Grounds		(1,378,404)	8,994									(1,369,410)	34
35	Rent-Equipment & Vehicles			7,704									7,704	35
36	Other (specify):*		47,561										47,561	36
37	TOTAL Ownership	(139,964)	255,151	19,943									135,130	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers			207									207	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(60,618)											(60,618)	43
44	TOTAL Special Cost Centers	(60,618)		207									(60,411)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(671,724)	284,114	(205,292)	63,469	(6,214)	(101,307)						(636,954)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
SEE ATTACHED		SEE ATTACHED		SEE ATTACHED		
				RENAISSANCE AT BEVERLY LP		BLDG PRTNRSHP

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ **X** YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3	4	5	6	7	8	
Schedule V		Line	Cost Per General Ledger Item	Amount	Cost to Related Organization Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	RENTAL INCOME	\$ 1,378,404	RENAISSANCE AT BEVERLY LP	100.00%	\$	\$ (1,378,404)	1
2	V	32	INTEREST INCOME	2,083	RENAISSANCE AT BEVERLY LP	100.00%		(2,083)	2
3	V	20	FEES		RENAISSANCE AT BEVERLY LP	100.00%	1,655	1,655	3
4	V	19	LEGAL		RENAISSANCE AT BEVERLY LP	100.00%	828	828	4
5	V	19	ACCOUNTING FEES		RENAISSANCE AT BEVERLY LP	100.00%	18,050	18,050	5
6	V	32	INTEREST EXPENSE		RENAISSANCE AT BEVERLY LP	100.00%	737,225	737,225	6
7	V	33	REAL ESTATE TAXES		RENAISSANCE AT BEVERLY LP	100.00%	353,872	353,872	7
8	V	36	MIP INSURANCE		RENAISSANCE AT BEVERLY LP	100.00%	47,561	47,561	8
9	V	26	GENERAL INSURANCE		RENAISSANCE AT BEVERLY LP	100.00%	8,430	8,430	9
10	V	30	DEPRECIATION		RENAISSANCE AT BEVERLY LP	100.00%	417,594	417,594	10
11	V	31	AMORTIZATION		RENAISSANCE AT BEVERLY LP	100.00%	8,208	8,208	11
12	V	32	INTEREST-ITEX VENTURE		RENAISSANCE AT BEVERLY LP	100.00%	61,808	61,808	12
13	V	32	INTEREST-REN AT 87TH		RENAISSANCE AT BEVERLY LP	100.00%	9,370	9,370	13
14	Total			\$ 1,380,487			\$ 1,664,601	\$ * 284,114	14

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 540	\$ 540	15
16	V	6	REPAIRS AND MAINT.		NUCARE SERVICES CORP.	100.00%	751	751	16
17	V	7	EMPLOYEE BEN. GEN. SERV.		NUCARE SERVICES CORP.	100.00%	(68)	(68)	17
18	V	14	PROGRAM TRANSPORTATION		NUCARE SERVICES CORP.	100.00%	827	827	18
19	V	17	ADMINISTRATIVE - NON-OWNER		NUCARE SERVICES CORP.	100.00%	2,737	2,737	19
20	V	19	PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	1,126	1,126	20
21	V	20	FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.	100.00%	1,038	1,038	21
22	V	21	CLERICAL & GENERAL		NUCARE SERVICES CORP.	100.00%	121,021	121,021	22
23	V	24	SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	1,139	1,139	23
24	V	25	ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.	100.00%	140	140	24
25	V	26	INSURANCE		NUCARE SERVICES CORP.	100.00%	571	571	25
26	V	27	EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.	100.00%	18,599	18,599	26
27	V	30	DEPRECIATION		NUCARE SERVICES CORP.	100.00%	3,678	3,678	27
28	V	32	INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	(433)	(433)	28
29	V	34	BUILDING RENT		NUCARE SERVICES CORP.	100.00%	8,994	8,994	29
30	V	35	EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	7,704	7,704	30
31	V	39	ANCILLARY		NUCARE SERVICES CORP.	100.00%	207	207	31
32	V								32
33	V	17	MANAGEMENT FEES	373,863	NUCARE SERVICES CORP.	100.00%		(373,863)	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 373,863			\$ 168,571	\$ * (205,292)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	ADMIN. - R. HARTMAN	\$	NUCARE SERVICES CORP.	100.00%	\$ 18,040	\$ 18,040	15
16	V	17	ADMIN. - R. BOTTNER		NUCARE SERVICES CORP.	100.00%	21,813	21,813	16
17	V	17	ADMIN. - B. CARR		NUCARE SERVICES CORP.	100.00%	18,336	18,336	17
18	V	17	ADMIN. - D. HARTMAN		NUCARE SERVICES CORP.	100.00%	1,896	1,896	18
19	V	17	ADMIN. - E. DICKMAN		NUCARE SERVICES CORP.	100.00%			19
20	V	27	EMP. BEN. - R. HARTMAN		NUCARE SERVICES CORP.	100.00%	1,585	1,585	20
21	V	27	EMP. BEN. - R. BOTTNER		NUCARE SERVICES CORP.	100.00%	851	851	21
22	V	27	EMP. BEN. - B. CARR		NUCARE SERVICES CORP.	100.00%	800	800	22
23	V	27	EMP. BEN. - D. HARTMAN		NUCARE SERVICES CORP.	100.00%	148	148	23
24	V	27	EMP. BEN. - E. DICKMAN		NUCARE SERVICES CORP.	100.00%			24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$ 63,469	\$ * 63,469	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	ADMINISTRATIVE	\$	CAREPATH HEALTH NETWORK	100.00%	\$ 34,324	\$ 34,324	15
16	V	19	PROFESSIONAL FEES		CAREPATH HEALTH NETWORK	100.00%	1,445	1,445	16
17	V	20	FEES, SUBSCRIPTIONS		CAREPATH HEALTH NETWORK	100.00%	5,446	5,446	17
18	V	21	CLERICAL AND GENERAL		CAREPATH HEALTH NETWORK	100.00%	3,583	3,583	18
19	V	24	SEMINARS		CAREPATH HEALTH NETWORK	100.00%	35	35	19
20	V	27	GEN ADMIN.- EMP. BEN.		CAREPATH HEALTH NETWORK	100.00%	8,067	8,067	20
21	V								21
22	V								22
23	V								23
24	V	17	MANAGEMENT FEES	59,114	CAREPATH HEALTH NETWORK	100.00%		(59,114)	24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 59,114			\$ 52,900	\$ * (6,214)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	J. RAJCHENBACH-COMP.	\$	JLR MANAGEMENT CORP.	100.00%	\$ 20,028	\$ 20,028	15
16	V	21	OFFICE		JLR MANAGEMENT CORP.	100.00%	229	229	16
17	V	27	PAYROLL TAXES		JLR MANAGEMENT CORP.	100.00%	936	936	17
18	V								18
19	V								19
20	V								20
21	V	17	MARVIN NEEDLE-CONS. FEES		JLR MANAGEMENT CORP.	100.00%			21
22	V								22
23	V								23
24	V								24
25	V	21	SECRETARIAL		JLR MANAGEMENT CORP.	100.00%			25
26	V								26
27	V								27
28	V								28
29	V	17	MANAGEMENT FEES	122,500	JLR MANAGEMENT CORP.	100.00%		(122,500)	29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 122,500			\$ 21,193	\$ * (101,307)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	WORKERS COMPENSATION	\$ 67,068	DIAMOND INSURANCE	100.00%	\$ 67,068	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 67,068			\$ 67,068	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐

YES

☐

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

1		2	3	4	5	6	7	8	
Schedule V			Cost Per General Ledger	Amount	Cost to Related Organization	Percent of Ownership	Operating Cost of Related Organization	Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐

YES

☐

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐

YES

☐

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	ROBERT HARTMAN	OWNER	ADMIN	20.05%	SEE ATTACHED	3.73	5.74%	NUCARE	\$ 18,040	17-7	1
2	BARRY CARR	PRESIDENT	ADMIN	NONE	SEE ATTACHED	4.5	7.50%	NUCARE	18,336	17-7	2
3	DAVID HARTMAN	RELATIVE	ADMIN	NONE	SEE ATTACHED	0.6	1.31%	NUCARE	1,896	17-7	3
4	BERNARD HOLLANDER	OWNER	ADMIN	25.00%	SEE ATTACHED	2	3.08%	N/A	NONE	N/A	4
5	JACK RAJCHENBACH	OWNER	ADMIN	25.00%	SEE ATTACHED	7	10.77%	JLR MGMT	20,028	17-7	5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 58,300		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 12/31/02

SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 12/31/02

(847) 933-2601

Fax Number**SEE ACCOUNTANTS' COMPILATION REPORT**

Ending: 12/31/02

(847) 933-2601

SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 12/31/02

(847) 679-2150

SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 12/31/02

(847) 679-1820

SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 12/31/02

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SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 12/31/02

Fax Number**SEE ACCOUNTANTS' COMPILATION REPORT**

Ending: 12/31/02

Fax Number**SEE ACCOUNTANTS' COMPILATION REPORT**

Ending: 12/31/02

SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 12/31/02

Fax Number**SEE ACCOUNTANTS' COMPILATION REPORT**

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	MORTGAGE-BLDG CO	X					\$	9,493,803			\$	737,225	1
2	ITEX-BLDG CO	X						715,367				61,808	2
3	REN @ 87TH-BLDG CO	X										9,370	3
4													4
5													5
	Working Capital												
6	HILLSIDE LIMITED		X									13,389	6
7	SUN JOINT VENTURE		X									26,777	7
8	MBNA AMERICA		X									60	8
9	TOTAL Facility Related						\$	10,209,170			\$	848,628	9
	B. Non-Facility Related*												
10	See Supplemental Schedule											144,911	10
11	INTEREST INCOME		X									(10,008)	11
12	NUCARE - ALLOCATION	X										(433)	12
13	INTEREST INCOME - BLDG	X										(2,083)	13
14	TOTAL Non-Facility Related						\$				\$	132,387	14
15	TOTALS (line 9+line14)						\$	10,209,170			\$	981,015	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 47,561 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.) SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
1	AMERICAN NATIONAL		X	WORKING CAPITAL			\$				\$ 62,785	1
2	LASALLE BANK		X	WORKING CAPITAL							82,126	2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
13												13
14												14
15												15
16												16
17												17
18												18
19												19
20												20
21							\$	\$			\$ 144,911	21

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2001 report.		\$	339,590		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	338,274		2
3. Under or (over) accrual (line 2 minus line 1).		\$	(1,316)		3
4. Real Estate Tax accrual used for 2002 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	355,188		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$			5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	353,872		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		1997		8	
		1998	55,017	9	
		1999	144,392	10	
		2000	329,699	11	
		2001	338,274	12	
2002 REAL ESTATE TAX ACCRUAL=338,274 * 1.05 = \$355,188					

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2001	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION \$		16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2001 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2001 real estate tax costs, as well as copies of your real estate tax bills for calendar 2001.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2001 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2002 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2001 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

RENAISSANCE AT 87TH ST

COUNTY

COOK

FACILITY IDPH LICENSE NUMBER

0042093

CONTACT PERSON REGARDING THIS REPORT

Steve Lavenda

TELEPHONE

(847) 236-1111

FAX #:

(847) 236-1155

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2001 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2001.

(A)	(B)	(C)	(D)
			<u>Tax</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to Nursing Home</u>
1. <u>19-36-322-011-0000</u>	<u>Long Term Care Property</u>	\$ <u>47,180.73</u>	\$ <u>47,180.73</u>
2. <u>19-36-322-012-0000</u>	<u>Long Term Care Property</u>	\$ <u>59,747.30</u>	\$ <u>59,747.30</u>
3. <u>19-36-322-013-0000</u>	<u>Long Term Care Property</u>	\$ <u>92,002.78</u>	\$ <u>92,002.78</u>
4. <u>19-36-322-014-0000</u>	<u>Long Term Care Property</u>	\$ <u>66,198.51</u>	\$ <u>66,198.51</u>
5. <u>19-36-322-015-0000</u>	<u>Long Term Care Property</u>	\$ <u>59,747.30</u>	\$ <u>59,747.30</u>
6. <u>19-36-322-016-0000</u>	<u>Long Term Care Property</u>	\$ <u>8,691.81</u>	\$ <u>8,691.81</u>
7. <u>19-36-322-017-0000</u>	<u>Long Term Care Property</u>	\$ <u>2,490.36</u>	\$ <u>2,490.36</u>
8. <u>19-36-322-018-0000</u>	<u>Long Term Care Property</u>	\$ <u>2,215.22</u>	\$ <u>2,215.22</u>
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>338,274.01</u>	\$ <u>338,274.01</u>

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES X _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2001 tax bills which were listed in Section A to this statement. Be sure to use the 2001 tax bill which is normally paid during 2002.

IMPORTANT NOTICE

TO:

Long Term Care Facilities with Real Estate Tax Rates

RE:

2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

RENAISSANCE AT 87TH ST

COUNTY

COOK

FACILITY IDPH LICENSE NUMBER

0042093

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ()

FAX #: ()

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

(A)	(B)	(C)	(D)
			<u>Tax</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to</u>
			<u>Nursing Home</u>
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$	\$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home.
(Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet:

66,911

B. General Construction Type:

Exterior

MASONRY / BRICK

Frame

STEEL

Number of Stories

4

C. Does the Operating Entity?

☐

(a) Own the Facility

☒

(b) Rent from a Related Organization.

☐

(c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?

☒

(a) Own the Equipment

☒

(b) Rent equipment from a Related Organization.

☒

(c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☒

YES

☐

NO

If so, please complete the following:

1. Total Amount Incurred:

263,860

2. Number of Years Over Which it is Being Amortized:

5 YEARS, 40 YEARS

3. Current Period Amortization:

13,222

4. Dates Incurred:

7/99

Nature of Costs:

ORGANIZATION COSTS / ALLOCATION FROM NUCARE

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	FACILITY	51,162	1994	\$ 703,613	1
2	DEBT FORGIVENESS		1994	(560,000)	2
3	TOTALS	51,162		\$ 143,613	3

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4					\$	\$		\$	\$	4
5										5
6										6
7										7
8										8
	Improvement Type**									
9								-		-
10								-		-
11								-		-
12								-		-
13								-		-
14								-		-
15								-		-
16								-		-
17								-		-
18								-		-
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27								-		-
28								-		-
29								-		-
30								-		-
31								-		-
32								-		-
33								-		-
34								-		-
35								-		-
36								-		-

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37			\$	\$		\$ -	\$	\$ -	37
38						-		-	38
39						-		-	39
40						-		-	40
41						-		-	41
42						-		-	42
43						-		-	43
44						-		-	44
45						-		-	45
46						-		-	46
47						-		-	47
48						-		-	48
49						-		-	49
50						-		-	50
51						-		-	51
52						-		-	52
53						-		-	53
54						-		-	54
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56						-		-	56
57						-		-	57
58						-		-	58
59						-		-	59
60						-		-	60
61						-		-	61
62						-		-	62
63						-		-	63
64						-		-	64
65						-		-	65
66						-		-	66
67						-		-	67
68	Related Party Allocations (Page 12-REP & Page 12A-REP)		8,734,900	224,007		218,542	(5,465)	776,818	68
69	Financial Statement Depreciation			14,052			(14,052)		69
70	TOTAL (lines 4 thru 69)		\$ 8,734,900	\$ 238,059		\$ 218,542	\$ (19,517)	\$ 776,818	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 8,734,900	\$ 238,059		\$ 218,542	\$ (19,517)	\$ 776,818	1
2	FLAGPOLE	1999	1,471		20	74	74	259	2
3	SPRINKLER SYSTEM	1999	5,430		20	272	272	952	3
4	INDUSTRIAL FENCE	1999	1,449		20	72	72	252	4
5	WALLPAPER	1999	414		20	21	21	74	5
6	WALLPAPER	1999	464		20	23	23	81	6
7	PARKING LOT	1999	12,650		20	633	633	2,216	7
8	SECURITY VCR	1999	1,107		20	55	55	193	8
9	2 MONUMENTS	1999	10,288		20	514	514	1,799	9
10	AWNING	1999	5,260		20	263	263	921	10
11	CARPET	1999	3,709		20	185	185	648	11
12	TILE	1999	397		20	20	20	68	12
13	FENCE & GATES,BRICK	1999	19,870		20	994	994	3,396	13
14	LANDSCAPING	1999	4,915		20	246	246	841	14
15	TILE	1999	311		20	16	16	55	15
16	AIR CONDITIONING SYS	1999	1,235		20	62	62	207	16
17	3 ICE MACHINES	1999	470		20	24	24	80	17
18	WINDOW TREATMENTS	1999	1,613		20	81	81	270	18
19	ELECTRICAL WORK	1999	5,631		20	282	282	940	19
20	FENCE	1999	1,990		20	100	100	350	20
21	WALLCOVERING	1999	83		20	4	4	13	21
22	WINDOW TREATMENTS	1999	4,561		20	228	228	722	22
23	CORNICE BOARDS	1999	875		20	44	44	139	23
24	PARTITION WALL	1999	1,785		20	89	89	274	24
25	NURSES CALL SYS	1999	782		20	39	39	120	25
26	ELEVATOR	1999	1,531		20	77	77	237	26
27	SOLAR CONTROL PANELS	1999	777		20	20	20	60	27
28	WINDOW TRTMNT MRKTG	2000	784		20	20	20	59	28
29	BACK PATIO CANOPY	2000	8,627		20	221	221	580	29
30	IMPROVEMENT	2000	488		20	13	13	34	30
31	LANDSCAPING WORK	2000	2,486		20	64	64	157	31
32	2 LOCKS	2000	1,326		20	34	34	86	32
33	ELEVATOR REPAIR	2000	602		20	15	15	37	33
34	TOTAL (lines 1 thru 33)		\$ 8,838,281	\$ 238,059		\$ 223,347	\$ (14,712)	\$ 792,938	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 8,838,281	\$ 238,059		\$ 223,347	\$ (14,712)	\$ 792,938	1
2	INSTLL 2 HNGS/ DR FR	2000	485		20	12	12	29	2
3	PATCH W/ASPHALT	2000	1,200		20	31	31	71	3
4	REPLACE BATTERIES	2000	791		20	20	20	46	4
5	CABLEING	2000	903		20	23	23	53	5
6	REPLACE FLOOR IN ELE	2000	1,750		20	45	45	103	6
7	SCREENS	2000	630		20	16	16	35	7
8	REPAIR TO FIRE ALARM	2000	985		20	25	25	53	8
9	WALLPAPER	2000	1,118		20	29	29	59	9
10	RERUN DRYER VENT LIN	2000	1,951		20	50	50	102	10
11	BOILER REPAIRS	2000	664		20	17	17	35	11
12	CUBICLE DIVIDERS,WOR	2000	3,667		20	94	94	200	12
13	WANDERGUARD	2000	15,500		20	397	397	1,042	13
14	INSTALL MOLDING	2000	480		20	12	12	34	14
15	PURIFIER FILTERS	2000	693		20	35	35	105	15
16	PARKING LOT R&M	2001	2,990		20	150	150	213	16
17	AIR CONDITIONERS	2001	6,100		20	305	305	381	17
18	LOWER LEVEL OFFICE	2001	19,450		20	973	973	1,216	18
19	CARPET	2001	1,100		20	55	55	69	19
20	WINDOW SHADES	2001	3,395		20	170	170	213	20
21	LIGHT FIXTURES	2001	808		20	40	40	50	21
22	AWNING R&M	2001	4,585		20	229	229	458	22
23	CHILLER R&M	2001	2,584		20	129	129	204	23
24	OUTSIDE STORAGE	2001	1,785		20	89	89	148	24
25	OAK WOOD DOORS	2002	1,384		20	58	58	58	25
26	WINDOW SHADES	2002	2,951		20	246	246	246	26
27	EXIT SIGNS	2002	1,889		20	110	110	110	27
28	OAK WOOD DOORS	2002	799		20	27	27	27	28
29	ELECTRICAL REWORK	2002	600		20	28	28	28	29
30	WALK-IN FREEZER REPAIR	2002	959		20	36	36	36	30
31	PATIO CANOPY	2002	300		20	23	23	23	31
32	WINDOW TREATMENTS	2002	643		20	21	21	21	32
33	PAINT	2002	829		20	24	24	24	33
34	TOTAL (lines 1 thru 33)		\$ 8,922,249	\$ 238,059		\$ 226,866	\$ (11,193)	\$ 798,430	34

SEE ACCOUNTANTS' COMPILATION REPORT

****Improvement type must be detailed in order for the cost report to be considered complete.**

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 8,922,249	\$ 238,059		\$ 226,866	\$ (11,193)	\$ 798,430	1
2	WALK-IN FREEZER REPAIR	2002	1,660		20	28	28	28	2
3									3
4									4
5									5
6									6
7									7
8									8
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,923,909	\$ 238,059		\$ 226,894	\$ (11,165)	\$ 798,458	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 8,923,909	\$ 238,059		\$ 226,894	\$ (11,165)	\$ 798,458	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,923,909	\$ 238,059		\$ 226,894	\$ (11,165)	\$ 798,458	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$8,923,909	\$238,059		\$226,894	\$(11,165)	\$798,458	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$8,923,909	\$238,059		\$226,894	\$(11,165)	\$798,458	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$8,923,909	\$238,059		\$226,894	\$(11,165)	\$798,458	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$8,923,909	\$238,059		\$226,894	\$(11,165)	\$798,458	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$8,923,909	\$238,059		\$226,894	\$(11,165)	\$798,458	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$8,923,909	\$238,059		\$226,894	\$(11,165)	\$798,458	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 8,923,909	\$ 238,059		\$ 226,894	\$ (11,165)	\$ 798,458	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,923,909	\$ 238,059		\$ 226,894	\$ (11,165)	\$ 798,458	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		\$8,923,909	\$238,059		\$226,894	\$(11,165)	\$798,458	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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27									27
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29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$8,923,909	\$238,059		\$226,894	\$(11,165)	\$798,458	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		\$ 8,923,909	\$ 238,059		\$ 226,894	\$ (11,165)	\$ 798,458	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,923,909	\$ 238,059		\$ 226,894	\$ (11,165)	\$ 798,458	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	FOR OHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	210		1999	1999	\$ 8,932,245	\$ 229,032	35	\$ 223,306	\$ (5,726)	\$ 780,617	4
5			1999	1999	4,436	114	35	222	108	888	5
6			1999	1999	(204,169)	(5,235)	35	(5,104)	131	(5,104)	6
7											7
8											8
	Improvement Type**										
9	ALLOCATION-NUCARE MGMT.			1997	462	12	20	23	11	121	9
10	ALLOCATION-NUCARE MGMT.			1998	404	10	20	20	10	90	10
11	ALLOCATION-NUCARE MGMT.			1999	567	49	20	28	(21)	97	11
12	ALLOCATION-NUCARE MGMT.			2000	689	18	20	34	(16)	84	12
13	ALLOCATION-NUCARE MGMT.			2001	266	7	20	13	6	25	13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A-REP, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			\$	\$		\$	\$	\$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 8,734,900	\$ 224,007		\$ 218,542	\$ (5,497)	\$ 776,818	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$1,211,090	\$232,906	\$114,171	\$(118,735)	10	\$402,341	71
72	Current Year Purchases	23,340	2,531	2,475	(56)	10	2,475	72
73	Fully Depreciated Assets	6,273	124	124		10	6,273	73
74								74
75	TOTALS	\$1,240,703	\$235,561	\$116,770	\$(118,791)		\$411,089	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$10,308,225	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$473,620	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$343,664	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(129,956)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$1,209,547	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☒ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$ 1,378,404			3
4	Additions							4
5	ALLOC.-NUCARE				8,994			5
6	RENAISSANCE AT BEVERLY LP				(1,378,404)			6
7	TOTAL				\$ 8,994			7

**

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☒ YES ☐ NO
16. Rental Amount for movable equipment: \$ 10,778 Description: \$3,073 TOSHIBA COPIER, \$7,704 ALLOCATION FROM NUCARE
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2003	\$
13.	/2004	\$
14.	/2005	\$

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?

☒ YES

☐ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER AIDE

☐

☐

☒

120

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER AIDE

☒

☐

80

B. EXPENSES

		ALLOCATION OF COSTS		(d)	
		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$ 285	\$ 2,850	\$	\$ 3,135
2	Books and Supplies	97	969		1,066
3	Classroom Wages (a)				
4	Clinical Wages (b)	393	3,929		4,322
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$ 775	\$ 7,748	\$	\$ 8,523
10	SUM OF line 9, col. 1 and 2 (e)	\$ 8,523			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	10
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	1
2. From other facilities (f)	
TOTAL TRAINED	11

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.
- SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 5,795	\$		\$ 5,795	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			1,713			1,713	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 01	hrs	12,962		343,224			356,186	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescripts				258,874		258,874	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Supplemental					223	113,760		113,983	13
14	TOTAL			\$ 12,962		\$ 350,955	\$ 372,634		\$ 736,551	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,736	\$ 2,736	1
2	Cash-Patient Deposits	1,867	1,867	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,769,769	2,769,769	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	114,727	156,303	6
7	Other Prepaid Expenses	22,828	22,828	7
8	Accounts Receivable (owners or related parties)	885,423	885,423	8
9	Other(specify): See Supplemental Schedule	124,430	558,334	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,921,780	\$ 4,397,260	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		143,613	13
14	Buildings, at Historical Cost		8,732,512	14
15	Leasehold Improvements, at Historical Cost	169,068	169,068	15
16	Equipment, at Historical Cost	258,140	1,226,553	16
17	Accumulated Depreciation (book methods)	(146,231)	(1,620,460)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Supplemental Schedule	41,220	283,856	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 322,197	\$ 8,935,142	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,243,977	\$ 13,332,402	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,605,145	\$ 1,451,297	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	1,978	110,433	28
29	Short-Term Notes Payable		759,009	29
30	Accrued Salaries Payable	323,586	323,586	30
31	Accrued Taxes Payable (excluding real estate taxes)	26,806	26,806	31
32	Accrued Real Estate Taxes(Sch.IX-B)		355,188	32
33	Accrued Interest Payable		198,398	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Supplemental Schedule	3,393,958	3,393,958	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,351,473	\$ 6,618,675	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		9,450,161	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Supplemental Schedule			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 9,450,161	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,351,473	\$ 16,068,836	46
47	TOTAL EQUITY(page 18, line 24)	\$ (1,107,496)	\$ (2,736,434)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,243,977	\$ 13,332,402	48

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,933,158)	1
2	Restatements (describe):		2
3	SEE ATTACHED SCHEDULE	590,831	3
4	ROUNDING ADJUSTMENT	(6)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,342,333)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,234,837	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,234,837	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (1,107,496)	24

*

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 10,359,466	1
2	Discounts and Allowances for all Levels	(336,643)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,022,823	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	860,754	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 860,754	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	471,214	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	43,954	19
20	Radiology and X-Ray		20
21	Other Medical Services	98,151	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 613,319	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	10,008	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 10,008	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	2,274	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,274	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,509,178	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,397,004	31
32	Health Care	3,639,419	32
33	General Administration	2,702,878	33
	B. Capital Expense		
34	Ownership	1,623,976	34
	C. Ancillary Expense		
35	Special Cost Centers	797,169	35
36	Provider Participation Fee	113,895	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,274,341	40
41	Income before Income Taxes (line 30 minus line 40)**	1,234,837	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,234,837	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? Cash Basis If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number RENAISSANCE AT 87TH ST

0042093

Report Period Beginning:

01/01/02

Ending:

12/31/02

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,037	2,086	\$ 90,210	\$ 43.25	1
2	Assistant Director of Nursing	4,002	4,221	126,440	29.95	2
3	Registered Nurses	19,014	20,691	618,295	29.88	3
4	Licensed Practical Nurses	46,291	49,916	928,654	18.60	4
5	Nurse Aides & Orderlies	116,355	123,761	1,164,289	9.41	5
6	Nurse Aide Trainees	500	500	4,322	8.64	6
7	Licensed Therapist	551	551	12,962	23.52	7
8	Rehab/Therapy Aides	7,034	7,482	67,047	8.96	8
9	Activity Director	3,647	3,997	75,980	19.01	9
10	Activity Assistants	16,312	18,340	162,531	8.86	10
11	Social Service Workers	7,188	7,839	95,053	12.13	11
12	Dietician	3,417	4,239	65,837	15.53	12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	26,325	27,959	204,657	7.32	15
16	Dishwashers					16
17	Maintenance Workers	7,083	7,898	98,488	12.47	17
18	Housekeepers	22,380	23,677	187,235	7.91	18
19	Laundry	10,019	10,925	92,846	8.50	19
20	Administrator	2,037	2,126	109,923	51.71	20
21	Assistant Administrator	1,698	1,851	48,890	26.41	21
22	Other Administrative	405	405	20,988	51.76	22
23	Office Manager					23
24	Clerical	19,005	23,147	347,179	15.00	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,078	1,214	27,591	22.73	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	1,173	1,173	60,618	51.66	33
34	TOTAL (lines 1 - 33)	317,552	343,999	\$ 4,610,035 *	\$ 13.40	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	monthly	\$ 8,305	01-03	35
36	Medical Director	monthly	44,250	09-03	36
37	Medical Records Consultant	49	2,205	10-03	37
38	Nurse Consultant				38
39	Pharmacist Consultant	monthly	3,712	10-03	39
40	Physical Therapy Consultant	89	4,178	10a-03	40
41	Occupational Therapy Consultant	198	9,339	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	1	38	10a-03	43
44	Activity Consultant	42	2,204	11-03	44
45	Social Service Consultant	45	2,357	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	423	\$ 76,588		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Nurse Aides		(825)	10-03	52
53	TOTAL (lines 50 - 52)		\$ (825)		53

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description		Amount	Description	Amount	
THOMAS SMITH	ADMIN.	NONE	\$ 109,923	Workers' Compensation Insurance		\$ 67,068	IDPH License Fee	\$ 200	
DONNA ODSEN	ASST. ADMIN.	NONE	48,890	Unemployment Compensation Insurance		64,081	Advertising: Employee Recruitment	7,376	
KATHY BRANDER	REG. MGMT.	NONE	20,988	FICA Taxes		333,787	Health Care Worker Background Check (Indicate # of checks performed 465)	3,800	
				Employee Health Insurance		186,830			
				Employee Meals		26,298	DUES AND SUBSCRIPTIONS	7,156	
				Illinois Municipal Retirement Fund (IMRF)*			ADVERTISING AND PROMOTION	50,774	
				PAYROLL TAXES - CITY		8,520	YELLOW PAGE ADVERTISING	920	
				PAYROLL TAXES - REIMBURSED		18,067	LICENSES, INSPECTIONS, PERMITS	2,392	
				EMPLOYEE BENEFITS		37,285	NUCARE -ALLOCATION	1,038	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 179,801	401K MATCHING		2,315	SEE ATTACHED	7,101	
B. Administrative - Other				UNION PENSION BENEFITS		32,930	Less: Public Relations Expense	()	
Description			Amount	EMPLOYEE MOVING EXPENSES		5,000	Non-allowable advertising	(50,774)	
MGMT. FEES - CAREPATH			\$ 59,114				Yellow page advertising	(920)	
MGMT. FEES - NUCARE			373,863						
MGMT. FEES - JLR MANAGEMENT			122,500						
MANAGEMENT FEES			125,000						
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 680,477	TOTAL (agree to Schedule V, line 22, col.8)			\$ 782,181	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 29,062
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount	
FR&R	ACCOUNTING		\$ 26,100			\$	Out-of-State Travel	\$	
VARIOUS - SEE ATTACHED	LEGAL		32,916						
PERSONNEL PLANNERS	EMPLOYMENT CONSULTING		3,609						
BUSINESS TECH COMM.	COMPUTER		1,563				In-State Travel		
CDW COMPUTER CENTER	COMPUTER		1,224						
GIFTRAP COPR	COMPUTER		1,428						
HDSI	COMPUTER		8,660						
HORIZON HEALTHCARE	COMPUTER		3,783				Seminar Expense	9,725	
PSD SOLUTIONS	COMPUTER		11,765				NUCARE - ALLOCATION	1,139	
MEDI.COM	COMPUTER		415				CAREPATH - ALLOCATION	35	
							Entertainment Expense	()	
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$2500 attach copy of invoices.)			\$ 91,463	TOTAL			\$	(agree to Sch. V, line 24, col. 8)	\$ 10,899

*** Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT**

****See instructions.**

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).

(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number		RENAISSANCE AT 87TH ST		STATE OF ILLINOIS				Page 23
		#	0042093	Report Period Beginning:	01/01/02	Ending:	12/31/02	

XX. GENERAL INFORMATION:

(1)

Are nursing employees (RN,LPN,NA) represented by a union?

YES

(2)

Are there any dues to nursing home associations included on the cost report?
If YES, give association name and amount.

YES
ICLTC \$11,047

(3)

Did the nursing home make political contributions or payments to a political action organization?
If YES, have these costs been properly adjusted out of the cost report?

YES
YES

(4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?
If YES, what is the capacity?

NO

(5)

Have you properly capitalized all major repairs and equipment purchases?
What was the average life used for new equipment added during this period?

YES
10 YRS

(6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$ 53,528 Line 10

(7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?
If NO, attach a complete explanation.

YES

(8)

Are you presently operating under a sale and leaseback arrangement?
If YES, give effective date of lease.

No

(9)

Are you presently operating under a sublease agreement?

YES X NO

(10)

Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?
If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

YES NO X

(11)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period.
This amount is to be recorded on line 42 of Schedule V.

\$ 113,895

(12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?
If YES, attach an explanation of the allocation.

NO

(13)

Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

YES

(14)

Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?
For example, is a portion of the building used for rental, a pharmacy, day care, etc.)
If YES, attach a schedule which explains how all related costs were allocated to these functions.

NO

(15)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.
Has any meal income been offset against related costs?

\$ 26,298
NO

(16)

Travel and Transportation
a. Are there costs included for out-of-state travel?
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents?
If YES, please indicate the amount of income earned from such a program during this reporting period.
c. What percent of all travel expense relates to transportation of nurses and patients?
d. Have vehicle usage logs been maintained?
e. Are all vehicles stored at the nursing home during the night and all other times when not in use?
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

NO
NO
100
N/A
N/A
N/A

g. Does the facility transport residents to and from day training?
Indicate the amount of income earned from providing such transportation during this reporting period.

NO

(17)

Has an audit been performed by an independent certified public accounting firm?
Firm Name:
The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached?
If no, please explain.

NO

(18)

Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V?

YES

(19)

If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report?
Attach invoices and a summary of services for all architect and appraisal fees

YES

SEE ACCOUNTANTS' COMPILATION REPORT